

TO HOSPITAL _____ may be retained in the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached and used as the burial transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3837

CERTIFICATE OF DEATH

03815
Reg. Dist. No. 32

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Calvert</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b <i>4 days</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		d. STREET ADDRESS <i>Plum Point</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert Co. Hospital</i>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>Elsie</i>		First <i>E</i>	Middle <i>L</i>	Last <i>Anderson</i>	4. DATE OF DEATH Month <i>4</i> Month <i>19</i> Year <i>1956</i>	Day	Year
5. SEX <i>Female</i>		6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-8-1883</i>	9. AGE (In years last birthday) <i>72 1/2 yrs.</i>	10. IF UNDER 1 YEAR Months <i>72</i>	11. IF UNDER 24 HRS. Days <i>1/2</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John W. Lopez</i>		14. MOTHER'S MAIDEN NAME <i>Mary Thomas</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Elsie with Anderson - Hartard - Maryland</i>		Address <i>Plum. pt</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CEREBRAL HEMORRHAGE</i>		DUE TO <i>331X</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4/15/56</i>			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>(b)</i>		DUE TO <i>(c)</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)					
20c. TIME OF INJURY Hour a. m. p. m. 19		Month <i>April</i>	Day <i>21</i>	Year <i>1956</i>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Plum Point</i>	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>4/15/56</i> , to <i>4/19/56</i> , that I last saw the deceased alive on <i>4/19/56</i> , and that death occurred at <i>2 A.M.</i> from the causes and on the date stated above.				ADDRESS (Street, city or town, state)		DATE SIGNED	
ACTUAL SIGNATURE <i>PAGE C. TETT</i>		M.D. <i>Prince Frederick</i>					
PHYSICIAN'S NAME (Type) <i>PAGE C. TETT</i>							
22a. BURIAL/CREMATION REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>April 21, 1956</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Concord</i>		22d. LOCATION (City, town or county) (State) <i>Plum Point Md</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>D.H. Stinson</i>		ADDRESS <i>Owings Md.</i>		24a. REC'D BY REGISTRAR DATE <i>4/21/56</i>		24b. REGISTRAR'S SIGNATURE <i>Grace L. Hutchins</i>	

STATE OF GEORGIA

158

BUREAU U. S.

APR 25 1956

REGISTRY

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3838

CERTIFICATE OF DEATH

103816

Reg. Dist. No. 51

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Calvert</i> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Prince Frederick</i>		MARYLAND LENGTH OF STAY (in this place) <i>Life</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Calvert County Hospital</i>		STATE <i>Md.</i> COUNTY <i>Calvert</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>St. Leonard</i> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) <i>Mary</i> (Middle) <i>Ida</i> (Last) <i>Chase</i>		4. DATE OF DEATH <i>April 29</i> 1956	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>5/4/1874</i>
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		13. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
14. FATHER'S NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>A.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT & ADDRESS <i>Beatrice Bent - Sister Oliver, Md.</i>	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Cerebral hemorrhage</i> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Generalized arterio-sclerosis</i> <i>Diabetes mellitus</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR? (City or town) <i>Hagerstown</i> (County) <i>Hagerstown</i> (State) <i>Md.</i>	
21d. TIME OF INJURY (Month) <i>April</i> (Day) <i>29</i> (Year) <i>1956</i> (Hour) <i>7:30</i> M. <input type="checkbox"/> at work <input type="checkbox"/> Not white <input type="checkbox"/> <i>P.</i>		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>falling</i>			
22. I hereby certify that I attended the deceased from..... alive on <i>4/29</i> , 1956, and that death occurred at <i>7:30 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>R. W. Ward</i> M.D. DATE SIGNED <i>4/29/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Brook's</i>		DATE THEREOF <i>5-2-56</i> NAME OF CEMETERY OR CREMATORIUM <i>Brook's</i>	
24. REC'D BY REGISTRAR DATE <i>5-1-56</i>		REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	
		25. FUNERAL DIRECTOR'S SIGNATURE <i>P. E. Sewell Jr. Fred Md</i>	

RECEIVED BY THE GOVERNMENT OF INDIA - GOVERNMENT OF INDIA

CERTIFICATE OF DEATH

22 47

BUREAU V. S.

MAY 3 1956

RECEIVED

ISLAMIC REPUBLIC OF PAKISTAN

Government

2-5-25

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3839 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03817
Reg. Dist. No. 51

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial or cremation.

1. PLACE OF DEATH a. COUNTY Calvert		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Calvert County Hospital	
3. NAME OF DECEASED (Type or print) AMOS		First JOSHUA	Middle CORNISH
4. DATE OF DEATH 4 15 1956	Month 4	Day 15	Year 1956
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5/10/1910
9. AGE (In years last birthday) 45 yrs.	10. IF UNDER 1YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?	10b. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel J. Cornish	14. MOTHER'S MAIDEN NAME Mary C. Johnson	Address Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 216-09-7548	17. INFORMANT Sarah Cornish	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 443X (b) DUE TO (c)
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) FOUND DEAD IN A POOL OF WATER NEAR HOME
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour <input type="radio"/> a.m. <input checked="" type="radio"/> p.m. 4/15/56		
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	20f. (City or town) Olivet, Calvert	(County) Calvert
(State) Md.			
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>William V. Lovitt</i>	DATE SIGNED 4/16/56		
EXAMINER'S NAME (Type) William V. Lovitt, Jr., M.D.	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		
22a. BURIAL OR CREMATION, REMOVAL (Specify) 4-19-56	22b. DATE THEREOF 4-19-56	22c. NAME OF CEMETERY OR CREMATORIUM Eastern Chapel	22d. LOCATION (City, town, or county) Olivet
23. FUNERAL DIRECTOR'S SIGNATURE P. E. Sewell Jr. Fred, m.d.		ADDRESS	24a. REC'D BY REGISTRAR 4-18-56
		24b. REGISTRAR'S SIGNATURE H. W. Ward	

TWO FOR ONE CERTIFICATE * FILM G 199 - 7/3/56 - mb

BUREAU V. S.

APR 19 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03818
Reg. Dist. No. 51

3840

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending", in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial or removal.

1. PLACE OF DEATH a. COUNTY Cabell MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Md b. COUNTY Cabell			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sunderland		c. LENGTH OF STAY IN lb?		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick Md		d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Charles First Middle Walker Last Coughlin		4. DATE OF DEATH Month Day Year 4 19 1956					
5. SEX M		6. COLOR OR RACE St Rd		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH 11/11/1929		9. AGE in years (at birthday) 27 yrs.	
WIDOWED <input type="checkbox"/>		DIVORCED <input type="checkbox"/>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY St Rd	
10c. BIRTHPLACE (State or foreign country) Md		11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Charles W. Coughlin Jr.		14. MOTHER'S MAIDEN NAME Alice King					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 216-32-873		17. INFORMANT H. W. Ward		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Charles skull DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b) Tractor accident							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. H. W. Ward turned over on Rg Cabell Md		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Tractor turned over on Rg Cabell Md					
20c. TIME OF INJURY Month, Day, Year Hour o. m. 8/10 1956		20d. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) H. W. Ward turned over on Rg Cabell Md		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>							
ACTUAL SIGNATURE H. W. Ward		DATE SIGNED 4/19/56					
EXAMINER'S NAME (Type) H. W. WARD		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF April 21, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Mt. Harmony Cemetery		22d. LOCATION (City, town, or county) Mt. Harmony Calcutta, Md (State)	
23. FUNERAL DIRECTOR'S SIGNATURE A. G. Harkness & Son - Mutual L. Insd		ADDRESS		24a. REC'D BY REGISTRAR 4-20-56		24b. REGISTRAR'S SIGNATURE H. W. Ward	

RECEIVED FROM THE DEPARTMENT OF DEFENSE
RECEIVED BY A MEMBER OF THE HOUSE OF COMMONS

BUREAU Y. S.

APR 28 1956

RECEIVED

CERTIFICATE OF DEATH

3841

Reg. Dist. No. 51

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be examined within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS ASC 155.10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY STREET ADDRESS
Calvert Prince Frederick	1 day	Maryland Prince Frederick	Calvert (If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(Female) EVON DARLENE KING		April 4 1956	
5. SEX Female	6. COLOR OR RACE Brown	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH April 13 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday IF UNDER 1 YEAR yrs. Months Days Hours Min. 21
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Norman Stewart King		14. MOTHER'S MAIDEN NAME Nolan Dorothy Chase	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS Helen King - Prince Frederick	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 761.5 IMMEDIATE CAUSE (A) <u>Bennettire birth</u> ANTECEDENT CAUSES (S) DUE TO (B) <u>Pre matured of placenta</u> . DISEASES OR CONDITIONS, IF ANY, (C) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>3 April</u> , 19 <u>56</u> , to <u>4 April</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4/4</u> , 19 <u>56</u> , and that death occurred at <u>7:00 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>H. W. Ward</u> ADDRESS (Street, city, town, state) <u>Huntington Md</u> DATE SIGNED <u>4/5/56</u> 23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <u>Carroll</u> <u>Baltimore, Md</u> (State) <u>md</u>			
24. REC'D BY REGISTRAR DATE <u>4-5-56</u>		REGISTRAR'S SIGNATURE H. W. Ward	
25. FUNERAL DIRECTOR'S SIGNATURE P.E. Sewell Jr. Fred, md		ADDRESS	

RECEIVED BY THE SECRETARY OF STATE - CHIEF

STATE DEPARTMENT

1956

EXCERPT FROM THE

SECRETARY'S

12

BUREAU V.

APR 6 1956

RECEIVED

1956 APR 6

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3.9 2000. 1956 APR 6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03820

Reg. Dist. No. 51

3842

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, marking the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If Institution, residence before admission) a. STATE <i>Md</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Oliver</i>		c. LENGTH OF STAY IN Tb <i>1m</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) <i>Seawell</i>		Middle Name <i>Lockes</i>	4. DATE OF DEATH Month <i>4</i> Day <i>11</i> Year <i>1956</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. MARRIED NEVER MARRIED WIDOWED DIVORCED <i>X</i>	8. DATE OF BIRTH <i>June 20 1877</i>
9. AGE (in years) yrs. <i>78</i>		10. IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	11. IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>Carl Lockes</i>	
13. FATHER'S NAME <i>Jesse Books</i>		14. MOTHER'S MAIDEN NAME <i>Ella (Books)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Carl Lockes</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>331X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Found dead in her bedchamber</i>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>None</i>	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Home</i>
20f. (City or town) <i>Calvert</i>		(County) <i>Md</i> (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>H.W. Ward</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
EXAMINER'S NAME (Type)		DATE SIGNED <i>4/11/56</i>	
22a. BURIAL OR CREMATION, REMOVAL (Specify) <i>4-15-56</i>		22b. DATE THEREOF <i>4-15-56</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>Eastern Chapel</i>		22d. LOCATION (City, town, or county) <i>Md</i> (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>P.E. Sewell, Jr. Fred, Md</i>		ADDRESS	
		24a. REC'D BY REGISTRAR DATE <i>4-13-56</i>	
		24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3843

CERTIFICATE OF DEATH

03822
Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Form 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Calvert</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Worrell</i>		c. LENGTH OF STAY IN 1b <i>39 days</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>North Beach</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert Co. Hospital</i>		d. STREET ADDRESS <i>124 DAYTON Ave</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First <i>W. Ward</i>	Middle <i>De LANCE</i>	Surname <i>Vaughan</i>	4. DATE OF DEATH (Month Year) <i>Jan - 18 1883</i>	Month <i>Jan</i>	Day <i>18</i>	Year <i>1946</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	BIRTHDATE OF BIRTH <i>Jan 18 1883</i>	9. AGE (In years lost birthday) yrs. <i>73</i>	IF UNDER 1 YEAR Months <i>0</i>	IF UNDER 24 HRS. Days <i>0</i>	Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Wash. D.C. Police Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Metro. Life Insurance Co. Delaware</i>		11. BIRTHPLACE (State or foreign country) <i>Delaware</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>William Vaughan</i>		14. MOTHER'S MAIDEN NAME <i>Aminta White</i>		Address			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>S. Sif</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>442X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>Idioma</i>	
						INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i>	
						PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Myocarditis</i>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.]					
20c. TIME OF INJURY Month, Day, Year How a. m. p. m. <i>1946</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>None</i>		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>1946</i> , 19, to <i>1946</i> , 19, that I last saw the deceased alive on <i>4/18/46</i> , 19, and that death occurred at <i>4/19/46</i> , 19, from the causes and on the date stated above. ACTUAL SIGNATURE <i>H. W. Ward</i> PHYSICIAN'S NAME (Type) <i>H. W. Ward</i>		ADDRESS (Street, city or town, state) <i>Owings, Md</i>					
22a. BURIAL, CREMATION, BURIAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>4/21/1956</i>		22c. NAME OF CEMETERY OR CEMATORIUM <i>Glenwood Cemetery</i>		22d. LOCATION (City, town, or county) (State) <i>Washington, D.C.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>W.W. Chambers Co - RIVERDALE, MD</i>		ADDRESS <i>Riverdale, MD</i>		24a. REC'D BY REGISTRAR DATE <i>6/3/1956</i>		24b. REGISTRAR'S SIGNATURE <i>Dr Hugh Hardy</i>	

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BUREAU V. S

APR 23 1955

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